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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): David J. Pinsky

Serial No. : 10/692,439 Examiner: M. Szperka

Filed : October 22, 2003 Group Art Unit: 1644

For : METHODS FOR TREATING ISCHEMIC DISORDER AND IMPROVING  
STROKE OUTCOME

Mail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Date: January 21, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- ☐ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- ☒ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	1 -	*20 =	***0 x	\$26	\$52	=	0	
Independent Claims	1 -	**1 =	***0 x	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time <input type="checkbox"/> Yes <input type="checkbox"/> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter  
Page 2

The following are also enclosed:

           One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

An Information Disclosure Statement, including Form PT0-1449

(Copies of citations included: Yes No

and a fee of \$                      included)

\_\_\_\_\_ A Petition for an Extension of Time, including a fee of  
\$\_\_\_\_\_ for a Petition for \_\_\_\_\_ Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 0.00

A check in the amount of \$                      is enclosed.

\_\_\_\_\_ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

*John P. White* 1/21/09

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John P. White Date  
Rec. No. 28,678

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Dkt. 51917-CB-PCT-US/JPW/BJA/LM

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IMPROVING STROKE OUTCOME

30 Rockefeller Plaza, 20<sup>th</sup> Fl.  
New York, New York 10112  
January 21, 2009

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Commissioner for Patents  
P.O. Box 1450  
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**AMENDMENT IN RESPONSE TO  
OCTOBER 17, 2008 OFFICE ACTION**

This Amendment is submitted in Response to October 17, 2008 Office Action issued by the United States Patent and Trademark Office in connection with the above-identified application. A response to the October 17, 2008 Office Action was due on January 17, 2009. However, since January 17, 2009 falls on a Saturday, a response filed on the next succeeding day which is not a Saturday, Sunday or Federal Holiday, i.e. Wednesday, January 21, 2009, is considered timely filed under 37 C.F.R. §1.7. Therefore, this response is being timely filed.

Please amend the subject application as follows: